

CLAIMS ONLY							Application Number	Filing Date
							Applicant(s)	
							10/ 820699	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	6							
Total Depend	6							
Total Claims	12							

Application Number

Filing Date

Applicant(s)

10 | 820699

* May be used for additional claims or amendments

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Total Indep	6					
Total Depend	6					
Total Claims	12					

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